

**Request for Proposals for Care Management Entities**  
**DEXR2400003 (eMaryland Marketplace No. MDD1431000120)**  
**2<sup>nd</sup> Responses to Questions**

**Questions received after 5:00PM ET on January 25, 2012**

1. The RFP states that the bond must be for the amount of the contract. Without knowing the amount we are assuming it could be close to what the current contracts are combined. This means it would be a very large bond. This is difficult for a non-profit to secure and will be very costly. We just wanted to make sure that the stated language was intended.

**Response:** The language was intended.

2. We have several questions about the how to manage HIPPA confidentiality issues without designated office space for Care Coordinators and Supervisors. We understand the State's need not to establish offices in every county. We agree fully that such an expense is unnecessary. Can you explain a bit more about what the State telework centers look like and how they could function as home-bases for Care Coordinators? Also, many of the LMBs are now smaller than in years past, sometimes with one or two staff. I'm unclear as to how many of them have space to house community resource specialists, supervisors and care coordinators.

HIPPA and confidentiality are vitally important in the work we do. Therefore, we are concerned about how to manage paper charts and confidential/sensitive documents in the field. HIPPA requires that these records be locked securely when not in use. Is it acceptable to the State that these records be carried in the Care Coordinator's possession during the course of work and be stored in the Care Coordinator's home? We have never allowed records to be removed from our office - this is standard in good clinical practice. Additionally, Care Coordinators have the task of facilitating teams, this requires extensive time on the telephone to communicate with family and team members. These conversations are often sensitive and confidential. Do the Telework sites have closed doors that allow for confidential conversations, and a place to plug in and enter progress notes, print plans of care, etc. Finally supervision of Care Coordinators is intended to be a place/time where staff can openly discuss sensitive and confidential issues with their supervisor. These conversations need to happen very regularly - this is a quality control issue as well as a support issue. Supervisors also discuss and conduct chart reviews both of the paper chart and the electronic record. Do

the sites you indicated in the RFP have the capability to allow for such conversations and internal auditing?

**Response:** See response to questions 3, 4 and 5 from 1st Responses to Questions.

3. When will the State apply for an extension for families enrolled into the 1915c Waiver? If the extension is not granted, will those families all be disenrolled on September 30, 1012? Also, for youth who might be eligible under another program i.e. MD Cares or one of the GH Diversions, could they be enrolled in that rather than discharged early? It does state in the RFP that it could be done in circumstances where the more intensive program is full, what about in the case that it ceases to exist? (pg 23-24)

**Response:** DHMH, MHA is currently working on an application for an extension of the 1915c Psychiatric Residential Treatment Center waiver. Approval of the application is under the authority of the Center for Medicaid and Medicare Services. If the application for an extension is not approved, the 1915c waiver services would no longer be available. If a child is eligible for another program under the Contract, that child could be enrolled, if a slot is available.

4. Family Support Partners will be employed by the Family Support Organizations. The CME will be responsible for making the referral and connecting the resource to the family. To clarify, as partners with the FSO, it is not the responsibility of the CME to in any way manage the FSO?

**Response:** Because the family support services are to be provided by an outside organization, then the CME has the same responsibilities as it does for any other service provider with which it contracts.

5. Under Provider Relationship disclosure, does that include any other contracts currently held by the CME even if they are all for care coordination? What about those held by the parent company if the CME is it's own 501c3?

**Response:** a) Yes, the disclosure must include all contracts currently held by the offeror.  
b) Section 1.2 of the RFP in part states:

If the parent organization of the Offeror provides direct services to children, youth or families in Maryland, it is the responsibility of the Offeror to clearly articulate in the proposal how the parent organization will maintain stringent firewalls to ensure that families, children, and youth who receive services from the Offeror have complete freedom of choice in the selection of providers and the decisions regarding continuation of care with a particular provider and that

funds from the Offeror are not being intermingled with the funds from any direct service provider.

6. Just to clarify, the CRS position is not expected to complete the Certification – just attend trainings. Since they don't hold an active caseload, they cannot meet the requirements for the Document Reviews and CFT Facilitation, therefore it would seem impossible for them to be certified unless they had been care coordinators in the past. Is this a correct interpretation of the RFP?

**Response:** The Community Resource Specialist requirements were modified in Amendment 1, item 15.

7. Will the MIS chosen by the state have the capacity for an electronic filing system? Will documents such as consents, signed POC's etc. be up loadable into the system?

**Response:** The final selection of the Management Information System application has not been made; however, electronic filing is a capability that GOC is requiring.

8. Will the MIS have customizable reports that can be changed over time as needs are identified?

**Response:** Yes.

9. Will the MIS be compatible with MAC and PC's and all internet browsers?

**Response:** The application will be compatible with Windows-based operating systems and the major internet browsers.

10. Are there other providers performing similar duties as outlined in the RFP that can be referenced?

**Response:** Yes.

11. RFP refers to hiring Family Support Partners, Child/Youth Support Partners, Peer-to-Peer Providers, etc. (i.e. page 32). Can they be volunteers? As employees how are the costs of these be budgeted and paid? Through the RTC Waiver, Discretionary Funds, etc? Are the costs to be included in the Price Proposal budget?

**Response:** Yes, such providers may be volunteers. Yes, the cost of such providers as employees is to be budgeted and recovered based on billable events. See the response to Question 12. No, the costs are not to be included in the Price Proposal.

12. Need information on the distribution of case load across the state. What is the current or projected case load by county or region?

**Response:** The following is the distribution of cases as of January 26, 2012. Shaded areas indicate no slot availability. On July 1, 2012, DJS slots will be available in all jurisdictions.

1/26/2012	Waiver	DJS	DHR	MD Cares	Rural Cares	ICF	Total Youth Served
<b>Baltimore City</b>	<b>41</b>	<b>8</b>	<b>29</b>	<b>28</b>			<b>106</b>
Anne Arundel	3		10				13
Calvert			1				1
Caroline	2				7		9
Cecil					3		3
Charles							0
Dorchester	6	2	1		7		16
Kent	1		1		6		8
Prince George's	6	14	5				25
Queen Anne's	5		1		1		7
St. Mary's							0
Somerset	1		2		1		4
Talbot	1				4		5
Wicomico	19	1	4		28		52
Worcester	1				3		4
<b>Southeastern Region</b>	<b>45</b>	<b>17</b>	<b>25</b>	<b>0</b>	<b>60</b>		<b>147</b>
Allegany							0
Baltimore	17		7	7			31
Carroll	2						2
Frederick	7	2					9
Garrett							0
Harford	5		2				7
Howard	1						1
Montgomery	14	6	5			5	30
Washington		3					3
<b>Northwestern Region</b>	<b>46</b>	<b>11</b>	<b>14</b>	<b>7</b>		<b>5</b>	<b>83</b>
<b>Total Youth Served</b>	<b>132</b>	<b>36</b>	<b>68</b>	<b>35</b>	<b>60</b>	<b>5</b>	<b>336</b>

13. What is the average length of stay in the RTC Waiver, the DJS out of home placements, MD CARES, and the DSS out of home placements?

**Response:** Unavailable at this time.

14. It appears the RFP anticipates that the Contractor will perform out of state travel for assessment and/or transition of some individuals. Is the cost of this out of state travel to be budgeted in the Price Proposal, or will it be paid for from another sources, i.e. discretionary funds, etc. Approximately how many out of [State] travel incidents per year does the Governor's Office on Children anticipate in a typical year?

**Response:** Any allowable travel costs would be charged to discretionary funds per SECTION 3.4.1 of the RFP which states:

The CME may use discretionary funds (discussed below in Section 3.4.5.3) to cover the cost of the assessments prior to the return of the child/youth from an out-of-State placement, if the child/youth is not covered by private insurance or Medical Assistance or has exhausted his or her benefits for the required assessments. In this instance, the CME must obtain the prior approval of GOC to use discretionary funds to cover the assessments.

There have been no such incidents during the current contract period.

15. Part III 1.1 Evaluation Criteria indicates that the Technical proposal will be afforded the same weight at the financial proposal. 1.2 Evaluation Process, page 58, indicates the financial proposal will not be considered equally with the technical proposal. Please clarify.

**Response:** See Amendment 1, item #20.

16. Does the organization that applies need to be a Maryland company with it's own non-profit or can an out of state entity apply and hold the contract?

**Response:** See section 1.18 (page 16) of the RFP which states:

Before a corporation can do business in the State, it must be registered with the Department of Assessments and Taxation (DAT), State Office Building, Room 803, 301 West Preston Street, Baltimore, Maryland 21201. It is strongly recommended that any potential Offeror complete registration prior to the due date for receipt of proposals. Failure to complete registration with the DAT may disqualify an otherwise successful Offeror from final consideration and recommendation for contract award.

17. What is the average annual cost per youth for the CME services for the current year?

**Response:** Unavailable at this time.

**END Q&A**